Post -COVID 19 Return to Play Protocol

Athlete’s name: __________________________________ PCP _______________________

Date of exam: ________________________________ Sport (s) _________________________

COVID History
When did COVID symptoms start (or if asymptomatic, when was your COVID test positive): ______________

Has it been 10 days since symptoms started: Yes ☐ No ☐ N/A (asymptomatic) ☐

Has it been 10 days since your positive test: Yes ☐ No ☐

Classification of COVID illness:
☐ Asymptomatic (No COVID symptoms; only positive test)
☐ Mild (Fever <3 days, mild/self-limited fatigue, N/V, diarrhea, HA, cough, ST, congestion, loss of taste/smell)
☐ Moderate (Fever >3 days (with temp >100.4 F) +/- any of the above symptoms and/or hypoxia, pneumonia, SOB, chest pain/tightness) - will need referral to cardiology
☐ Severe (Hospitalized or abnormal cardiac testing during acute infection, OR had MIS-C) – will need referral to cardiology

Level of participation: High School     Middle School     Club/Community Sport

Follow thru with steps for return to play AFTER resolution of symptoms:

Starting on day 11 after COVID-19 positive result, follow these Return to Play Steps:

<table>
<thead>
<tr>
<th>Type of activity (each step takes approx. 1 day)</th>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
<th>Step 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Light Activity</td>
<td>Increase Frequency</td>
<td>Increase Duration and complexity</td>
<td>Increase intensity of training</td>
<td>Participate in normal activities</td>
<td>Fully return to sport</td>
<td></td>
</tr>
<tr>
<td>Example of Activity</td>
<td>Walking, Elliptical, or Stationary Bike</td>
<td>Running Drills or jogging</td>
<td>Sport/exercise specific drills</td>
<td>Normal practice activities</td>
<td>Complete practice</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>15 minutes</td>
<td>30 minutes</td>
<td>45 minutes</td>
<td>60 minutes</td>
<td>Entire practice</td>
<td></td>
</tr>
</tbody>
</table>

Symptoms of concern to STOP exercising and contact PCP during any activity:
- Feeling like passing out or nearly passed out DURING or AFTER exercise
- Any discomfort, pain, tightness, or pressure in chest during exercise
- Feeling like your heart is racing or skipping beats (irregular beats) or pounding during exercise
- Feeling lightheaded, dizzy or actually fainting during exercise
- Becoming more tired or short of breath more quickly than your friends during exercise